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CONFIRMATION NO. 5391

Bib Data Sheet

SERIAL NUMBER 10/038,114	FILING DATE 12/31/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 361331-508
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APPLICANTS

Dilip Wagle, New York, NY;

Martin Gall, Morristown, NJ;

Stanley C. Bell, Narberth, PA; Edmond J. LaVoie, Princeton Junction, NJ;

** CONTINUING DATA *****

This appln claims benefit of 60/259,429 12/29/2000
 and claims benefit of 60/296,317 06/06/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

30623
 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
 AND POPEO, P.C.
 ONE FINANCIAL CENTER
 BOSTON, MA
 02111

TITLE

Method for treating glaucoma IIIB

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
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